Ret to

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

| Application Number | 09/881,815 |
|----------------------|----------------|
| Filing Date* | June 18, 2001 |
| First Named Inventor | Tai-ching PONG |
| Group Art Unit | 2611 |
| Examiner Name | Ngoc K. VU |
| Attorney Docket No. | PONG3002/BEU |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

| 1. Ple | ase | consider the | TOHOV | ving as | the required submission u | ınder | 37 C.F.K. | 91.114. | | | |
|--|---|---|-------|-------------------|--|--------|------------|-----------------------------------|----------|--|--|
| ⊠ | a. | The Amendment/Reply filed on (date): 9/10/04 | | | | | | | | | |
| | b. | The Information Disclosure Statement (IDS) filed on (date): | | | | | | | | | |
| | c. | The arguments in the Brief/Reply Brief filed on (date): | | | | | | | | | |
| | d. | The page(s) of Form PTO-1449 and copy of each listed document filed (date): | | | | | | | | | |
| | e. | Other: | | | | | | | | | |
| ⊠ 2. | A_1 | A <u>Two-</u> month Petition for Extension of Time is filed herewith. | | | | | | | | | |
| □ 3. | The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. | | | | | | | | | | |
| ⊠ 4. | A check in the amount of \$610.00 (\$395 - RCE/\$215 - Petition Fee) is submitted herewith. | | | | | | | | | | |
| □ 5 . | This Request is transmitted by facsimile to number (703) | | | | | | | | | | |
| □ 6 . | Other: | | | | | | | | | | |
| | | | | | | - | | | | | |
| | THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: | | | | | | | | | | |
| Total Claims: | | | | | (highest number previously paid for) = | | | X \$18 = | | | |
| Independent Claims: | | | | | (highest number previou | sly pa | aid for) = | X \$88 = | | | |
| Correspondence Address: Multiple Dependent Claim (add \$290.00): | | | | | | | | | | | |
| 23364 | | | | | | | •• | \$790.00 | | | |
| Customer Number 50% Reduction if Small Entity Status: | | | | | | | | Reduction if Small Entity Status: | \$395.00 | | |
| Phone | Phone: 703-683-0500 Fax: 703-683-1080 | | | | | | Тоы: \$39 | | | | |
| Date: | | | | Name: | | | S | Reg. No. | | | |
| Nove | embe | r 29, 2004 | | Benjamin E. Urcia | | | B | 33,805 | | | |
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